

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90381 042 ****70.00

DOCUMENT # N01000006276

1. Entity Name

ALL FAITH COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

~~2235-H SPRING HARBOR DR.~~
~~DELRAY BCH FL 33445~~

2235-H SPRING HARBOR DR.
 DELRAY BCH FL 33445

2. Principal Place of Business

3. Mailing Address

3281-C Lake Worth Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

4. FEI Number

65 1132951

Applied For

Not Applicable

Zip

33461

Country

Palm Beach

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAUMUS, JAMES C
2235-H SPRING HARBOR DR.
DELRAY BCH FL 33445

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-16-2002

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MAUMUS, JAMES C**
 CITY-ST-ZIP **2235-H SPRING HARBOR DR.**
DELRAY BCH FL 33445

TITLE ☒ Change ☐ Addition
 NAME **D/T**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ENGLISH, CHRISTINA L**
 CITY-ST-ZIP **843 COTTON BAY DR. E 2516**
W. PALM BCH FL 33408

TITLE ☒ Change ☐ Addition
 NAME **D/P**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **RADTKE, JUSTIN S**
 CITY-ST-ZIP **1612 64TH DR. SOUTH**
W. PALM BCH FL 33415

TITLE ☐ Change ☒ Addition
 NAME **D/V**
 STREET ADDRESS **Janet K. Evans**
 CITY-ST-ZIP **2210 NW 3rd Ave**
Boca Raton FL 33431

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **RODRIGUEZ, LUIS O**
 CITY-ST-ZIP **3047 NW 91ST AVE., #203.**
CORAL SPRINGS FL 33065

TITLE ☒ Change ☐ Addition
 NAME **D/S**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-2002

561 266 5609

Date

Daytime Phone #

CR2E037 (9/01)